



DCS Resource Parent

Paper Invoicing Guide

(Version 3.1; Updated November 2016)



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Payments Available to Licensed Foster Parents

- **Per Diem** – Daily payment amount, generally invoiced monthly for each child placed in the home of a licensed foster parent. Billing information (i.e. daily rate, billing codes, etc.) can be found on the child's Individual Child Placement Referral (ICPR).
- **Personal Allowance** – up to \$300 per child per calendar year; available after the 8th day of placement.
- **Special Occasion Allowance** - \$50 for birthday and \$50 during December holidays.
- **Initial Clothing** – up to \$200 within 60 days of initial placement, following removal from the home.
- **Travel** for certain purposes over approx 165 miles per month.
- **Educational Needs Funding** for the cost of a High School Equivalency Certificate, tutoring and summer school.

PLEASE NOTE: All above expenses require a referral except for Special Occasion Allowance and Travel.



Other Payments Available to Foster Parents Receiving Per Diem

Clothing

Initial clothing & personal allotment	\$200 maximum per child
Ongoing clothing	No-a request is required
School uniforms	No-a request is required unless initial
Sudden weight gain or loss	No-a request is required
Other uniforms (sports, band)	Personal Allowance
Special Circumstances	
Prom	Personal Allowance
Other special occasion	Personal Allowance

Client Travel

Mileage	In excess of approx 162 miles per month
Bus Passes	No
Transportation vouchers	No
Gas Cards	No
Taxi	No

Recreation

Team sports leagues	Personal Allowance
Lessons (sports, music, dance)	Personal Allowance
Special events	Personal Allowance
Summer camp	Personal Allowance
Musical instruments	Personal Allowance
Sporting equipment	Personal Allowance
Youth club dues	Personal Allowance
Community center dues	Personal Allowance

Supplies

School supplies	No - per diem funds
Personal incidents	No - per diem funds
Phone cards	No

Education

Application fees	Personal Allowance
Class pictures	Personal Allowance
Computer hardware/software	Personal Allowance
Driver's education	Personal Allowance (unless eligible for IL)
Electronic devices (laptop, etc)	Personal Allowance
Extra curricular activities	Personal Allowance
Field trips	Personal Allowance
Graduation Items	Personal Allowance
Preschool	Personal Allowance-if school not obligated
Alternative schools	No
Book rental fees	D.O.E. Cannot charge for Wards
Summer school/programs	Yes
Tutoring	Yes

Miscellaneous

Day Care/Respite	No
Bed & Bedding	No
Car seat	Contact Foster Care Specialist

Special Occasion Allowance

Birthday - \$50 (no referral)	must be in foster care on day of birthday
December holiday - \$50 (no referral)	must be in foster care on December 25th

Initial Clothing - available anytime within the first 60 days of placement. Purchase must be made within 30 days of receipt of voucher/referral.

Personal Allowance - Each child will receive an annual personal allowance up to **\$300** per calendar year. The child must be in placement **8** consecutive days to quality. Service referral is needed.

Car Seats - DCS will pay for the car seat if needed at the time of initial removal or unplanned/emergency placement when one is not readily available. Cars seats are to be purchased through the QPA vendor and inventoried at the local county DCS offices for distribution as needed.

Travel Reimbursement - must be in excess of 162 miles per month and paid at the state rate, available at: www.in.gov/idoa/2459.htm. No referral needed unless exception to policy.

Request for Additional Funding - the FCM will complete and submit for approval [SF 54870 Request for Additional Funding](#) form. Detail unusual circumstances, the exact reason the service/item is needed and efforts made to locate alternative funding, including community supports and services, prior to the expenditure of any additional funds. Approval or Denial will be copied to the Regional Finance Manager.



General Instructions for Completing an Invoice (i.e. Claim for Support of Children)

- **BOX 1. Name of vendor**-This is your legal name used on the Vendor Forms when submitted to start receiving payment from DCS
- **BOX 2. Last 4 digits of Tax ID / SSN**- Last 4 digits of your SSN.
- **BOX 3. ST Number**- This is the DCS Vendor ID that was assigned when you signed up as a vendor to receive payment from DCS.
- **BOX 4. Invoice Number**- This is a unique identifier that you create for each invoice and can be anything up to 8 total characters; i.e. letters, numbers and/or characters, as long as no longer than 8 total. THIS IS REQUIRED ON EVERY INVOICE AND MUST BE DIFFERENT ON EVERY INVOICE. Examples (“Mar2016” or “Apr2016”)
- **BOX 5. Date of Invoice**- This is the current date when submitting an invoice. This date has to be within 10 business days of the date your invoice is stamped into our office and must be after the last date of placement you’re billing for. The best practice is to use the date you mail your claim as your invoice date. *****Please do not date or mail your invoice until AFTER the last date you are billing. For example, your invoice with April placement dates should have an Invoice Date of May 1st or after and should be mailed on or very near the May 1 Invoice Date.*****
- **BOX 6. Address**- This is your current and complete address (including city, state, zip). This address MUST match the address we have in our system in order for us to process your claim. **IMPORTANT: If you move, you must complete a W-9 timely to have your address changed with our office. Failure to do so will likely result in payment delays.**
- **BOX 7. Invoice Type**- If it is the first time you are billing an expense, you would mark First Bill. If it is something you are rebilling after a denial, you would mark Re-Bill. If it is something you are appealing as it’s over 90 days old, you would mark Appeal.
- **BOX 8. Page ____ of ____ Pages**- This is the number of pages your invoice contains. For example, if your invoice is 1 page, you would enter Page 1 of 1 Pages. If your invoice is 2 pages, you would enter 1 of 2 on the first page and 2 of 2 on the second page.
- **BOX 9. Invoice Service Type**- Please check the box for “Foster Parent.”
- **BOX 10. For the period**- This is the first and last days of the month being billed on the invoice. For example, if you are billing for placement dates of 1/1/2016 thru 1/17/2016, or for a purchase made 1/20/2016 then the period would be “From January 1, 2016 To January 31, 2016.”
- **BOX 11. Total of Claim**- This is the sum of all the invoice lines you are billing.
- **BOX 12. County**- This is the county of the case.
- **BOX 13. Billable Unit Referral ID**-When billing for per diem, this is the PL# that is located near the bottom of the child’s ICPR. When billing for Personal Allowance, this is the RF number from the service referral. Please leave blank when billing for birthday or holiday allowance, as there is no referral for those.



General Instructions for Completing an Invoice (i.e. Claim for Support of Children) (cont'd)

- **BOX 14. Case #**- This is found near the bottom of the child's ICPR.
- **BOX 15. Name/Comments/Documentation**- Name of the foster child, plus any additional information that would help explain anything unusual about the expense. For example, please provide some explanation if submitting an Appeal for an expense more than 90 days old; also when a receipt date is outside of normal purchase timeline for a birthday or holiday gift.
- **BOX 16. Billing Code**- The Billing Code is found near the bottom of the child's ICPR or in the gray bar of the service referral.
- **BOX 17. Dates of Service Begin**- First day of the month you're billing for when billing per diem (OR date of purchase for other expenses).
- **BOX 18. Dates of Service End**- For expenses other than per diem, this is date of purchase. For per diem, this is the last day of placement for the billing month. Please remember that DCS pays for the day the child enters placement, but not the day the child leaves. For example, if you are billing for per diem for the month of March [31 days], and the child left your home on March 31st, then you can claim only through March 30th [30 days].
- **BOX 19. Unit**- When billing per diem, this is the number of days you are claiming. Example (31 days=31 units). When invoicing for purchases, please use the number "1" for Unit.
- **BOX 20. Rate**- For per diem, this is the dollar amount on the child's ICPR that was determined by the Child & Adolescent Needs and Strengths (CANS) assessment. If there is a change in rate for any reason, the child will receive a new ICPR with a new PL#. If this occurs mid-month, per diem will need to be submitted on 2 invoice lines for the child, using information from each ICPR for each invoice line. When billing for purchases, please use the actual purchase amount(s) for rate. Multiple purchases on the same date for the same child can be combined into 1 invoice line with the total amount spent for Rate.
- **BOX 21. Total Cost**- This total is arrived at by multiplying the number of units by the rate you are billing. For example: 31 units [days] at a rate of \$20.47 would be 31 x \$20.47=\$634.57 Total Cost.
- **BOX 22. Signature of vendor**- This is the signature of the person who is on the vendor forms that you submitted to receive payments. THIS IS REQUIRED AND MUST BE AN ORIGINAL SIGNATURE. COPIES ARE NOT ACCEPTABLE AND WILL RESULT IN PAYMENT DELAYS. ALL PAGES MUST BE SIGNED. BLUE INK IS RECOMMENDED.
- **BOX 23. Telephone number of vendor**- Please provide the phone number that provides the best chance of contacting you during business hours if there is an issue with your invoice.
- **BOX 24. E-mail address of vendor**- Please provide the best email contact for us to be able to send correspondence if there is an issue with your invoice.
- **BOX 25. Date**- This is the date that you sign the invoice; should be current and should be the same date as Date of Invoice (box 5)



Per Diem

- Licensed foster parents are entitled to a daily payment amount for each child placed in their home by DCS. These payments are meant to cover the reasonable cost of food, clothing, shelter, daily supervision, travel expenses for visitation with the child's family and travel to and from the child's school, personal incidentals for the child, and school supplies.
- Foster parents should receive for each child placed with them an Individual Child Placement Referral (ICPR), which includes the daily rate of payment, as well as information needed to invoice for per diem (i.e. Billable Unit Referral ID [PL number], Case ID and Billing Code).
- New ICPR's are generated at the beginning of each calendar year and on those occasions when a child changes category of service or age category.
- Please remember that DCS pays for the day the child arrives in your home, but not the day the child leaves. So if a child arrived on the 5th and left on the 10th, you would bill for 5 days (5th thru the 9th).
- Per diem should be submitted on a separate invoice from any other expenses so that processing of the higher-dollar per diem invoices can proceed as quickly as possible, generally 7-14 business days from the date the invoice is received.
- Additional information is available in the DCS Foster Parent Provider Manual, available at: www.in.gov/dcs/2985.htm



Example Invoice for Per Diem

Please note that original signature is required in box 22 as are current dates in box 5 & 25



CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R 16 / 10-15) / DCS 0327
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor JANE DOE		2. Last four digits of Tax ID/SSN 1234	3. ST number ST00001234	4. Invoice number JUN-16	5. Date of invoice 7/1/2016
6. Address (number and street, city, state, and ZIP code) 123 FOSTER STREET, ANYTOWN, IN 46789		7. Invoice Type <input checked="" type="checkbox"/> First Bill <input type="checkbox"/> Rate Adjust <input type="checkbox"/> Re-Bill <input type="checkbox"/> Appeal		8. Page <u>1</u> of <u>1</u> Pages	
9. Invoice Service Type <input type="checkbox"/> Residential <input type="checkbox"/> LCPA <input type="checkbox"/> Relative <input checked="" type="checkbox"/> Foster Parent <input type="checkbox"/> Family Preservation <input type="checkbox"/> Older Youth <input type="checkbox"/> Adoption <input type="checkbox"/> Home Builders <input type="checkbox"/> CMHC <input type="checkbox"/> Medicaid <input type="checkbox"/> Group <input type="checkbox"/> Court <input type="checkbox"/> Reports					
10. For the period: From: <u>JUNE 1</u> , Year <u>2016</u> to <u>JUNE 30</u> , Year <u>2016</u>				11. Total of Claim \$ 1,280.70	

CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE						DATES OF SERVICE		19. UNIT	20. RATE	21. TOTAL COST	
12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION		16. BILLING CODE	17. BEGIN	18. END				
1	MARION	PL-123456	12345678	JOHNNY WARD		20721.11478	06/01/16	06/30/16	30.00	20.47	614.10
2	HENDRICKS	PL-234567	23456789	JANIE DOE		20721.11480	06/01/16	06/30/16	30.00	22.22	666.60
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Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total **1,280.70**

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor <i>Jane Doe</i>	23. Telephone number of vendor 317-555-1234	24. E-mail address of vendor JANE.DOE@GMAIL.COM	25. Date (month, day, year) 7/1/2016
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Personal Allowance

- Up to \$300 **Personal Allowance** is available per calendar year for each child in placement, starting day 8 of placement, for items such as computer hardware & software, field trips, class pictures, extracurricular activities, musical instruments, sporting equipment, electronic devices (e-readers, laptops, iPod, Xbox, etc.), prom dress or other special occasion clothing.
- When an item to be purchased with **Personal Allowance** funds is identified, please contact the child's Family Case Manager (FCM), as a referral is needed in order to proceed with the purchase and to obtain reimbursement. Please note also that the referral period will need to include date(s) of purchase.
- When invoicing for reimbursement, be sure to use the Billable Unit Referral ID (i.e. RF number), Case ID and Billing Code from the referral.
- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).
- These expenses should be submitted on a separate invoice from the per diem, so that processing of the higher-dollar per diem invoices can proceed as quickly as possible. Payment timeline for expenses other than per diem is 35-45 days from the date the invoice is received.
- **The following items are not permitted:** piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, VISA, Wal-Mart, etc.), cash, checks or money orders.
- Additional information regarding Personal Allowance is available in the DCS Foster Parent Provider Manual, available at: www.in.gov/dcs/2985.htm



Birthday / Holiday Allowance (i.e. Special Occasion Allowance)

- Resource parents are encouraged to purchase birthday & holiday gifts for children in their care. DCS will reimburse resource parents up to \$50 for **Birthday Allowance** for each child placed with them on the child's birthday and up to \$50 for **Holiday Allowance** for each child placed with them December 25th.
- Invoices for **Birthday Allowance** can be submitted on or after the child's birthday; invoices can be submitted for **Holiday Allowance** on or after December 25th.
- There are no referrals for Birthday or Holiday Allowances, so when invoicing, Billable Unit Referral ID will be blank. Please provide Case ID and Person ID from the Child's ICPR. Billing Code is 30002.11492 for Holiday Allowance and 30002.11493 for Birthday Allowance.
- These expenses should be submitted on a separate invoice from the per diem, so that processing of the higher-dollar per diem invoices can proceed as quickly as possible. Payment timeline for expenses other than per diem is 35-45 days from the date the invoice is received.
- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).
- **The following items are not permitted:** piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, VISA, Wal-Mart, etc.), cash, checks or money orders.
- Additional information regarding the **Special Occasion Allowance** is available in the DCS Foster Parent Provider Manual, available at: www.in.gov/dcs/2985.htm



Example Invoice for Personal Allowance & Birthday Allowance

Please note that original signature is required in box 22; Also please attach legible copies of receipt(s)



CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
 State Form 28808 (R16 / 10-15) / DCS 0327
 Approved by State Board of Accounts, 2015
 INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor JANE DOE		2. Last four digits of Tax ID/SSN 1234	3. ST number ST00001234	4. Invoice number JUN-16	5. Date of invoice 7/1/2016
6. Address (number and street, city, state, and ZIP code) 123 FOSTER STREET, ANYTOWN, IN 46789		7. Invoice Type <input checked="" type="checkbox"/> First Bill <input type="checkbox"/> Rate Adjust <input type="checkbox"/> Re-Bill <input type="checkbox"/> Appeal		8. Page <u>1</u> of <u>1</u> Pages	
9. Invoice Service Type <input type="checkbox"/> Residential <input type="checkbox"/> LCPA <input type="checkbox"/> Relative <input checked="" type="checkbox"/> Foster Parent <input type="checkbox"/> Family Preservation <input type="checkbox"/> Older Youth <input type="checkbox"/> Adoption <input type="checkbox"/> Home Builders <input type="checkbox"/> CMHC <input type="checkbox"/> Medicaid <input type="checkbox"/> Group <input type="checkbox"/> Court <input type="checkbox"/> Reports					
10. For the period: From: <u>JUNE 1</u> , Year <u>2016</u> to <u>JUNE 30</u> , Year <u>2016</u>					11. Total of Claim \$ 260.00

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE					DATES OF SERVICE		19. UNIT	20. RATE	21. TOTAL COST
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. BEGIN	18. END			
1	MARION	RF0012345	12345678	JOHNNY WARD - SWIMMING LESSONS	30002.11	06/05/16	06/05/16	1.00	150.00	150.00
2	HENDRICKS	RF0023456	23456789	JANIE DOE - SOCCER LEAGUE FEES	30002.14	06/12/16	06/12/16	1.00	60.00	60.00
3										
4	HENDRICKS		23456789	JANIE DOE (PID 34567890) - Birthday Allowance	30002.11493	06/17/16	06/17/16	1.00	50.00	50.00
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16										

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total **260.00**

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor <i>Jane Doe</i>	23. Telephone number of vendor 317-555-1234	24. E-mail address of vendor JANE.DOE@GMAIL.COM	25. Date (month, day, year) 7/1/2016
--	--	--	---



Initial Clothing & Personal Items Allotment

- When a child is first removed from the home, up to \$200 is available during the first 60 days for **needed** clothing and personal items such as socks, shoes/boots, coats, toiletries, personal hygiene items, undergarments and hair products.
- When such a need is identified, contact the child's Family Case Manager (FCM), as a referral is needed in order to proceed with the purchase and to obtain reimbursement. It's also important that the referral period will need to include date(s) of purchase.
- Vouchers are available in some areas of the state, whereby the store will invoice DCS directly. The child's FCM can advise whether that is an available option in your area.
- When invoicing for reimbursement, be sure to use the Billable Unit Referral ID (i.e. RF number), Case ID and Billing Code from the referral.
- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).
- These expenses should be submitted on a separate invoice from the per diem, so that processing of the higher-dollar per diem invoices can proceed as quickly as possible. Payment timeline for expenses other than per diem is 35-45 days from the date the invoice is received.
- Additional information regarding the **Initial Clothing Allotment** is available in the DCS Foster Parent Provider Manual, available at: www.in.gov/dcs/2985.htm



Example Invoice – Initial Clothing & Personal Items Allotment

Please note that original signature is required in box 22 as are current dates in box 5 & 25



CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds

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Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor JANE DOE		2. Last four digits of Tax ID/SSN 1234	3. ST number ST00001234	4. Invoice number JUN-16	5. Date of invoice 7/1/2016
6. Address (number and street, city, state, and ZIP code) 123 FOSTER STREET, ANYTOWN, IN 46789		7. Invoice Type <input checked="" type="checkbox"/> First Bill <input type="checkbox"/> Rate Adjust <input type="checkbox"/> Re-Bill <input type="checkbox"/> Appeal		8. Page <u>1</u> of <u>1</u> Pages	
9. Invoice Service Type <input type="checkbox"/> Residential <input type="checkbox"/> LCPA <input type="checkbox"/> Relative <input checked="" type="checkbox"/> Foster Parent <input type="checkbox"/> Family Preservation <input type="checkbox"/> Older Youth <input type="checkbox"/> Adoption <input type="checkbox"/> Home Builders <input type="checkbox"/> CMHC <input type="checkbox"/> Medicaid <input type="checkbox"/> Group <input type="checkbox"/> Court <input type="checkbox"/> Reports					
10. For the period: From: <u>JUNE 1</u> , Year <u>2016</u> to <u>JUNE 30</u> , Year <u>2016</u>				11. Total of Claim \$ 85.59	

CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE										
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	DATES OF SERVICE		19. UNIT	20. RATE	21. TOTAL COST
						17. BEGIN	18. END			
1	MARION	RF0012345	12345678	JOHNNY WARD - INITIAL CLOTHING PURCHASED	30002.9	06/05/16	06/05/16	1.00	85.59	85.59
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Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total **85.59**

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor <i>Jane Doe</i>	23. Telephone number of vendor 317-555-1234	24. E-mail address of vendor JANE.DOE@GMAIL.COM	25. Date (month, day, year) 7/1/2016
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Invoicing for Foster Parent Travel (Receiving Per Diem)

- Foster Care per diem rates include approx 5.3 miles per day or approx 165 miles per child per month, so the **Foster Parent Travel Invoice (RECEIVING Per Diem)** provides a mechanism for billing DCS when **allowable** mileage per month exceeds 165 miles per child.
- **Allowable** mileage includes the following:
 1. Travel between the foster home and **school**, to the extent that school transportation is not provided.
 2. Travel to **physical or behavioral health appointments**.
 3. Travel for **administrative case or judicial review, team meetings, foster parent training or visitations**.
 4. Travel for **Head Start, summer school, pre-school, summer camp or driver's education classes**.*
 5. Travel for youth 16 and older to and from **employment or job search**.
 6. **Other**: Must be authorized by DCS and must have prior Local Office Director approval before the trip. Please attach authorization to the travel invoice.
- Each Travel Invoice must include mileage for a single month and must include all children for which mileage is claimed.
- Please use **MapQuest** (www.MapQuest.com) to determine distances. If more than one route is offered by **MapQuest**, use the **shortest distance** from those offered.
- **Please note that the mileage rate is subject to change.**
Current and previous rates are available at: www.in.gov/idoa/2459.htm
- Using the **Excel** version of the Foster Parent Travel Invoice allows calculations to occur automatically, and includes multiple rates available to accommodate changes in rate.
- The Foster Parent Travel Invoice as well as more specific instructions are available on the **Licensed Foster Parent Resources** screen of the DCS website: www.in.gov/dcs/2985.htm



Assistance for Unlicensed Relatives

- **Initial Clothing** – up to \$200 within 60 days of initial placement, following removal from the home.
- **Personal Allowance** – up to \$300 per child per calendar year, available after the 8th day of placement.
- **Special Occasion Allowance** - \$50 for birthday and \$50 during December holidays.
- **Travel** for certain purposes.
- **Respite Care** – up to 5 days each calendar year and must be in a licensed resource parent's home.
- **Child Care Allowance** – up to \$18 per day (\$90 per week) per child for licensed child care cost for relatives who work or attend school. Available up to 6 months or until CCDF begins.
- **Bedding Allowance** – one-time payment; up to \$400 per child.
- **Educational Needs Funding** -- for the cost of a High School Equivalency Certificate, tutoring and summer school.

PLEASE NOTE: All above expenses require a referral except for Special Occasion Allowance and Travel.



Payments Made to Unlicensed Relative Placements

Clothing

Initial clothing & personal allotment	\$200 maximum per child
Clothing - Director's Note	\$300 extra with request approval of LOD
School uniforms	No-a request is required unless initial
Sudden weight gain or loss	No-a request is required
Other uniforms (sports, band)	Personal Allowance
Special Circumstances	
Prom	Personal Allowance
Other special occasion	Personal Allowance

Bedding

Bed and bedding	up to \$400 per lifetime, per child
*one time payment - approved referral must be in place prior to purchase & items go with child when moved.	

Client Travel

Mileage	Yes - begins at mile 1
Bus Passes	No
Transportation vouchers	No
Gas Cards	No
Taxi	No

Recreation

Team sports leagues	Personal Allowance
Lessons (sports, music, dance)	Personal Allowance
Special events (prom dress, etc)	Personal Allowance
Summer camp	Personal Allowance
Musical instruments	Personal Allowance
Sporting equipment	Personal Allowance
Youth club dues	Personal Allowance
Community center dues	Personal Allowance

Respite

Respite	Up to 5 days per calendar year
*must be in a licensed foster parent home - referral required	
*per diem based on level 1 of supervision and age of child	

Supplies

School supplies	No
Personal incidents	No
Phone cards	No

Education

Application fees	Personal Allowance
Class pictures	Personal Allowance
Computer hardware/software	Personal Allowance
Driver's education	Personal Allowance (unless eligible for federal IL funding)
Electronic devices (laptop, etc)	Personal Allowance
Extra curricular activities	Personal Allowance
Field trips	Personal Allowance
Graduation Items	Personal Allowance
Preschool	Personal Allowance-if school not obligated to pay
Alternative schools	No
Book rental fees	D.O.E. Cannot charge for Wards
Summer school/programs	Yes
Tutoring	Yes

Miscellaneous

Car seats	Contact Relative Care Specialist
Miscellaneous - Director's Note	\$300 extra with request approval of LOD

Special Occasion Allowance

Birthday - \$50 (no referral)	must be in relative's care on day of birthday
December holiday - \$50 (no referral)	must be in relative's care on December 25th

Child Care

Child Care	\$18/day - \$90/week
*only if needed during work or school hours	
*will pay per child up to 6 months only; if relative becomes licensed or begins receiving CCDF, funding will end	
*child care center or home that is licensed, registered, or the appropriate background checks have been conducted	

Initial Clothing & Personal Items Allotment - available during first 60 days of placement. Purchase must be made within 30 days of receipt of voucher/referral.

Personal Allowance - Each child will receive an annual personal allowance up to **\$300** per calendar year. The child must be in placement **8** consecutive days to quality. Service referral is needed.

Car Seats - DCS will pay for the car seat if needed at the time of initial removal or unplanned/emergency placement when one is not readily available. Cars seats are to be purchased through the QPA vendor and inventoried at the local county DCS offices for distribution as needed.

Travel Reimbursement - begins at mile 1 for each child and is paid at the state rate, currently .36/mile. No service referral needed unless exception to policy

Director's Note - the LOD can approve additional funding, up to the "extra" established limits instead of the RM for children **in own home** or **with unlicensed relatives**. This would include \$300 extra for clothing, \$500 extra for rent and utilities and \$300 extra for miscellaneous expenses. In addition there are no longer restrictions on buying clothing for children in their own home when emergencies arise with the approval of the LOD. The LOD should ensure that the Regional Finance Manager is copied on all approved additional funding requests.

Request for Additional Funding - the FCM will complete and submit for approval [SF 54870 Request for Additional Funding](#) form. Detail unusual circumstances, the exact reason the service/item is needed and efforts made to locate alternative funding, including community supports and services, prior to the expenditure of any additional funds. Approval or Denial will be copied to the Regional Finance Manager.

Invoicing for Resource Parent Travel (NOT Receiving Per Diem)

- **Allowable** mileage for relative travel includes the following:
 1. Travel between the relative home and **school**, to the extent that school transportation is not provided.
 2. Travel to **physical or behavioral health appointments**.
 3. Travel for **administrative case or judicial review, team meetings, foster parent training or visitations**.
 4. Travel for **Head Start, summer school, pre-school, summer camp or driver education classes**.*
 5. Travel for youth 16 and older to and from **employment or job search**.
 6. **Other**: Must be authorized by DCS and must have prior Local Office Director approval before the trip. Please attach authorization to the travel invoice.
- Each Travel Invoice must include mileage for a single month and must include all children for which mileage is claimed.
- Please use **MapQuest** (www.MapQuest.com) to determine distances. If more than one route is offered by **MapQuest**, use the **shortest distance** from those offered.
- **Please note that the mileage rate is subject to change.**
Current and previous rates are available at: www.in.gov/idoa/2459.htm
- Using the **Excel** version of the Resource Parent Travel Invoice allows calculations to occur automatically and includes multiple rates available to accommodate rate changes.
- The Resource Parent Travel Invoice as well as more specific instructions for relative travel are available on the **Forms** screen of the DCS website: www.in.gov/dcs/2328.htm



Resource Parent Reimbursement of Child Care Expenses

- **Child care funding** (if needed for work or school hours) is available for **up to 6 months** to a resource parent **not receiving foster care per diem**. Funding is available **up to \$18 per day or \$90 per week per child**, for child care costs in a child care center or home that is **licensed, registered, or the appropriate background checks have been conducted**.
- **This funding is available for up to 6 months only. If the resource parent begins receiving foster care per diem or Child Care Development Fund (CCDF) prior to the end of 6 months, the child care funding will end.**
- An invoice for child care must include an invoice line for every day of service for each child in care; **date ranges are not currently allowable**. For example, if billing for the week of August 1st thru August 5th, the invoice would have 5 invoice lines for that 1 week. The first line would be 8/1/16 for both **Begin Date** and **End Date** (boxes 17 & 18 on the invoice). The **Unit** (box 19) would be “1” and the **Rate** (box 20) would be the daily rate, up to the \$18.00 daily limit. Box 13 would reflect the **Billable Unit Referral ID** (RF# from the referral); and the **Billing Code**, also on the referral, is entered in box 16 on the invoice.
- Use of the **Excel** version of the **Standard Invoice** form (available at: www.in.gov/dcs/2328.htm) would allow copy & paste of billing information from line to line vs. writing each invoice line individually.
- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).



Example Invoice

Resource Parent Reimbursement of Child Care Expenses

Receipts are required when reimbursing resource parent...copies of receipts are preferred vs. original receipts



CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R16 / 10-15) / DCS 0327
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor JANE DOE		2. Last four digits of Tax ID/SSN 1234	3. ST number ST00001234	4. Invoice number AUG-16	5. Date of invoice 9/1/2016
6. Address (number and street, city, state, and ZIP code) 123 DAYCARE STREET, ANYTOWN, IN 46789		7. Invoice Type <input checked="" type="checkbox"/> First Bill <input type="checkbox"/> Rate Adjust <input type="checkbox"/> Re-Bill <input type="checkbox"/> Appeal		8. Page <u>1</u> of <u>1</u> Pages	
9. Invoice Service Type <input type="checkbox"/> Residential <input type="checkbox"/> LCPA <input type="checkbox"/> Relative <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Family Preservation <input type="checkbox"/> Older Youth <input type="checkbox"/> Adoption <input type="checkbox"/> Home Builders <input type="checkbox"/> CMHC <input type="checkbox"/> Medicaid <input type="checkbox"/> Group <input type="checkbox"/> Court <input type="checkbox"/> Reports					
10. For the period: From: <u>AUGUST 1</u> , Year <u>2016</u> to <u>AUGUST 31</u> , Year <u>2016</u>					11. Total of Claim \$ 288.00

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE						DATES OF SERVICE		19. UNIT	20. RATE	21. TOTAL COST
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. BEGIN	18. END				
1	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/10/16	08/10/16	1.00	18.00	18.00	
2	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/11/16	08/11/16	1.00	18.00	18.00	
3	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/12/16	08/12/16	1.00	18.00	18.00	
4	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/15/16	08/15/16	1.00	18.00	18.00	
5	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/16/16	08/16/16	1.00	18.00	18.00	
6	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/17/16	08/17/16	1.00	18.00	18.00	
7	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/18/16	08/18/16	1.00	18.00	18.00	
8	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/19/16	08/19/16	1.00	18.00	18.00	
9	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/22/16	08/22/16	1.00	18.00	18.00	
10	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/23/16	08/23/16	1.00	18.00	18.00	
11	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/24/16	08/24/16	1.00	18.00	18.00	
12	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/25/16	08/25/16	1.00	18.00	18.00	
13	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/26/16	08/26/16	1.00	18.00	18.00	
14	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/29/16	08/29/16	1.00	18.00	18.00	
15	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/30/16	08/30/16	1.00	18.00	18.00	
16	Marion	RF000123456	10000123456	Janie Doe	10514.882	08/31/16	08/31/16	1.00	18.00	18.00	

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total **288.00**

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor <i>Janie Doe</i>	23. Telephone number of vendor 317-555-1234	24. E-mail address of vendor JANE.DOE@GMAIL.COM	25. Date (month, day, year) 9/1/2016
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Invoicing DCS for Expenses for Medical Treatment / Dental Care / Prescription Medications for a Child in Your Care

- Since there are no referrals for these services, please leave **Billable Unit Referral ID** blank and enter **Case ID & Person ID**, as well as Billing Code as follows:
 - Medical Expense (including vision care)**: Billing Code 10000.935
 - Dental Expense**: Billing Code 10000.26
 - Prescription Meds**: Billing Code 30000.3372
- Multiple expenses per child can be combined on a single invoice line, as long as date of service is the same; otherwise, a new invoice line is required.
- Please remember to attach documentation supporting each expense to be reimbursed. Documentation must include an itemized bill, payment receipt, and Medicaid denial.
- A Medicaid denial or Medicaid Eligibility Inquiry sheet should be attached to each claim. The medical/dental/vision care provider will be able to provide this for you. This is important for eye and/or dental exams to show whether or not the benefit limits for the service were met prior to the current service.
- For prescriptions (including Medicaid co-pays), please attach the prescription slip that is attached to the bag, along with the receipt that indicates payment. Please ask the pharmacy for a print-out of the reason that Medicaid rejected, even if it just shows that the child is not Medicaid eligible.
- If the medication is available over-the-counter, it is not reimbursable from Medicaid or DCS. Examples include: multivitamins, cold/allergy medications, acid reflux medications, ibuprofen.
- If Medicaid is approved retroactively, DCS may require reimbursement for these expenses. Please advise the medical/dental/vision care provider or pharmacy to bill Medicaid and then seek repayment from the provider. Situations involving Walgreens and CVS generally involve contacting their corporate offices: (Walgreens 317-580-0260; CVS 800-494-4287).
- Orthodontic treatment (braces) denied by Medicaid are considered cosmetic. An approved referral, Request for Additional Funding, and Medicaid denial are required. Payments are made directly to the provider as services are rendered.



Example Invoice

Medical / Dental / Prescription Expenses

Receipts are required when reimbursing resource parent...copies of receipts are preferred vs. original receipts



CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
 State Form 28809 (R16 / 10-15) / DCS 0327
 Approved by State Board of Accounts, 2015
 INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor JANE DOE		2. Last four digits of Tax ID/SSN 1234	3. ST number ST00001234	4. Invoice number SEP-16	5. Date of invoice 10/1/2016
6. Address (number and street, city, state, and ZIP code) 123 FOSTER STREET, ANYTOWN, IN 46789		7. Invoice Type <input checked="" type="checkbox"/> First Bill <input type="checkbox"/> Rate Adjust <input type="checkbox"/> Re-Bill <input type="checkbox"/> Appeal			8. Page <u>1</u> of <u>1</u> Pages
9. Invoice Service Type <input type="checkbox"/> Residential <input type="checkbox"/> LCPA <input type="checkbox"/> Relative <input type="checkbox"/> Foster Parent <input checked="" type="checkbox"/> Family Preservation <input type="checkbox"/> Older Youth <input type="checkbox"/> Adoption <input type="checkbox"/> Home Builders <input type="checkbox"/> CMHC <input type="checkbox"/> Medicaid <input type="checkbox"/> Group <input type="checkbox"/> Court <input type="checkbox"/> Reports					
10. For the period: From: <u>SEPTEMBER 1</u> , Year <u>2016</u> to <u>SEPTEMBER</u> , Year <u>2016</u>				11. Total of Claim \$ 432.35	

CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE										
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	DATES OF SERVICE		19. UNIT	20. RATE	21. TOTAL COST
						17. BEGIN	18. END			
1	MARION		12345678	JOHNNY WARD (PID 45678901) - Medical Expense	10000.935	09/05/16	09/05/16	1.00	150.00	150.00
2										
3	HENDRICKS		23456789	JANIE DOE (PID 34567890) - Dental Expense	10000.26	09/15/16	09/15/16	1.00	238.36	238.36
4										
5	HENDRICKS		23456789	JANIE DOE (PID 34567890) - Prescription Meds	30000.3372	09/23/16	09/23/16	1.00	43.99	43.99
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total **432.35**

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor <i>Jane Doe</i>	23. Telephone number of vendor 317-555-1234	24. E-mail address of vendor JANE.DOE@GMAIL.COM	25. Date (month, day, year) 10/1/2016
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Invoice Completion & Submission Reminders

- **Per diem should be submitted on a separate invoice** from any other expense you're billing for, as per diem is paid on an expedited timeframe (7 to 14 business days) vs. other payments from DCS (35 to 45 days).
- **ICPRs and service referrals** have information necessary to invoice DCS. If you do not receive these documents, please contact the child's FCM. (Please note that Travel, Special Occasion Allowance, Medical / Dental / Prescription expenses do **not** require a referral; all other expenses do.)
- **Per diem** invoices cannot be submitted prior to the last day of placement claimed.
- An invoice must be received within **10 business days** from the Date of Invoice and should be received within **90 days** from the end of the month that the service was provided.
- **Receipts are required** for reimbursement of expenses; **copies** are preferred.
- **Sales tax** paid can be included in a claim for reimbursement. Total reimbursement can be claimed for the item(s) purchased plus tax up to the total amount allowed by the referral and/or per policy.



Guidelines for Receipts

- **Receipts are required** for reimbursement of expenses, including Personal Allowance, Special Occasion Allowance, Initial Clothing, Bedding, etc. and should clearly indicate the following:
 1. Item(s) purchased
 2. Cost of the item(s)
 3. Date of purchase
 4. Child for whom the item(s) were purchased (if billing for multiple children)
- When submitting receipts for reimbursement, you may want to submit a legible **copy** as opposed to the original receipt, as receipt paper often fades, which can also be accelerated by the use of highlighters & adhesive tape. Keeping a copy (in addition to the original receipt) for yourself is recommended as well.
- Please ensure that the receipt indicates **actual payment** vs. any other shipping document you might have. This is especially pertinent for on-line purchases. Similarly, receipts for purchases via layaway should indicate **final payment and total payment amount**.
- Please make sure that information is **clearly visible** on the receipt. It's also important if you're billing for multiple children and/or the receipts include any other purchases, that you've clearly indicated on the receipts which expenses are for each child [e.g. write the child's first name next to their listed expense(s)].
- It's also very helpful if receipt information is in the **same order** as entered on the invoice.

Per Diem Invoice Submission Check-List

- Do I have an active ICPR for the dates I'm billing for?
- Will invoice submission timing be within the required guidelines (after the dates I'm billing for, and within 90 days after month's end)?
- Did I include my **Name** (box 1), **ST Number** (box 3) and **Address** (box 6)?
- Did I include an **Invoice Number** (box 4), and is it updated from previous invoices and also 8 characters or less (examples: "Sept16" or "Dec16")?
- Is the **Invoice Date** (box 5) current and also after the last day I'm billing for?
- Do the **PL Number** (box 13), **Case ID** (box 14), **Billing Code** (box 16) and **Rate** (box 20) all match my ICPR?
- Are the **Units** (box 19) reflective of the number of days of placement for the month I'm billing? (If placement ended, do **not** bill for the day the child left).
- Does **Total Cost** (box 21) equal **Units** (box 19) times **Rate** (box 20)?
- Does the **Page Total** (bottom cell under box 21) equal the sum of the **Total Cost** of each placement listed?
- Does **Page Total** match the **Total of Claim** (box 11)?
- Did I remember to sign my invoice (box 22)?**



Invoice Submission Check-List (Other Expenses)

- Do I have a Referral for the expense I'm billing (a referral is **not** needed for birthday & holiday allowances)?
- Did I attach a copy of the receipt(s) for item(s) purchased?
- Do receipts clearly indicate required information (see previous slide #26 for details)
- Will invoice submission timing be within the required guidelines (i.e., not before the purchase is made, not before the birthday/holiday; and will DCS receive within 10 business days of the Invoice Date)?
- Did I include my **Name** (box 1), **ST Number** (box 3) and **Address** (box 6)?
- Did I include an **Invoice Number** (box 4), and is it updated from previous invoices and also 8 characters or less (examples: "Sept16A" or "Dec16C")?
- Is the **Invoice Date** (box 5) current and also after the last day I'm billing for?
- Do the **RF Number** (box 13), **Case ID** (box 14) and **Billing Code** (box 16) all match my Referral? (box 13 is to remain blank for birthday/holiday allowance)
- Does **Total Cost** (box 21) equal **Units** (box 19) times **Rate** (box 20)?
- Does the **Page Total** (bottom cell under box 21) equal the sum of the **Total Cost** of each expense listed?
- Does **Page Total** match the **Total of Claim** (box 11)?
- Did I remember to sign my invoice (box 22)?**

Invoice Submission

An original signature is required on an invoice; submission via fax or e-mail cannot be accepted.

Once your invoice is ready to submit, please MAIL to:

**DCS KidTraks Invoicing
Room W364, Mail Stop 54
402 W. Washington Street
Indianapolis, IN 46204**

Payment Timeline: Payment of a per diem invoice takes between 7 and 14 business days from the date your invoice is received. Payment of other types of expenses (e.g. mileage, personal allowance, special occasion allowance) take between 35 and 45 days.

Please submit per diem on a separate invoice.

Vendor Forms

W-9 & Direct Deposit Forms

W-9 & Direct Deposit forms are submitted (1) for a vendor to initially receive payment from the State of Indiana, and (2) when an existing vendor needs to report a change of information on-file (e.g. new banking information, change of address, adding or changing e-mail addresses for receiving EFT Notifications, etc.).

Internal submission (i.e. within the State of Indiana e-mail system, including DCS local offices) of the W-9 & Direct Deposit forms should be done via scan & e-mail to DCSResourceUnit@dcs.in.gov

Otherwise, these forms can be faxed to DCS Resource Unit at 317-232-1737 or mailed to:

**DCS Resource Unit
Room W364, Mail Stop 54
402 W. Washington Street
Indianapolis, IN 46204**

IMPORTANT: Address changes must be submitted timely via W-9 in order to avoid payment delays.

Current W-9, Direct Deposit Form and an Instruction Sheet are available at:
www.in.gov/dcs/3332.htm



KidTraks Vendor Portal Access via KidTraks User Agreement

If you're interested in having direct access to KidTraks, sign-up for access to the KidTraks Vendor Portal to:

1. Receive e-mail notifications for new ICPRs, referrals & payments
 2. View/print ICPRs, service referrals & payment summaries
 3. Submit invoices electronically via **KidTraks e-Invoicing**
- To sign-up for the KidTraks Vendor Portal, complete, sign & date the **KidTraks Vendor Portal User Agreement**, which can be found on the DCS website at: www.in.gov/dcs/2985.htm
 - Completed **KidTraks Vendor Portal User Agreement** can be scanned & e-mailed to DCSPaymentResearchUnit@dcs.in.gov or faxed to 317-232-1737 or mailed to:

DCS Payment Research Unit
402 W. Washington Street, MS 54
Indianapolis, IN 46204
 - **KidTraks e-Invoicing Quick Reference Guides** are also available at www.in.gov/dcs/2985.htm and those provide a summary of 4 e-Invoicing opportunities: **Per Diem, Personal Allowance, Birthday/Holiday Allowance, and Initial Clothing Allotment**, as well as demonstration via webinar, plus step-by-step guidance.

Additional Information Available

- **The DCS website** has a screen dedicated to providing foster care info: www.in.gov/dcs/2985.htm including the **Foster Parent Provider Manual**, which includes additional information regarding invoicing.
- **The claim form (i.e. Standard Invoice), Travel Invoice & other forms** are available at: www.in.gov/dcs/2328.htm
- **Financial Assistance Options for Relative Caregivers Brochure:**
www.in.gov/dcs/files/FinancialAssistanceRelativePlacedChildrenBrochureRev3.pdf
- **Relative Resource Guide:**
www.in.gov/dcs/files/RelativeResourceGuideDocument031212.pdf
- **Your Foster Care Specialist or Relative Support Specialist** is available to provide guidance and support for your needs as a resource parent, including completion of an invoice.
- **The child's Family Case Manager** is available if you have questions or concerns about a child placed in your care, and including ICPRs & service referrals.
- **DCS Payment Research Unit** is available if you have questions about an invoice you've submitted. Primary contact is via e-mail at DCSPaymentResearchUnit@dcs.in.gov or at 877-340-0309.

THANK
YOU

*We appreciate all that you do helping us in
Protecting our children, families, and future!*